PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by 61 specifying a new correspondence address, and/or 6) micrograph of the Management of the maintenance fee notifications.

24998 7590 09/30/2011 DICKSTEIN SHAPIRO LLP 1825 EYE STREET NW Washington, DC 20006-5403

APPLN, TYPE

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INFORMATION RECORDING AND REPRODUCING APPARATUS

SMALL ENTITY

ISSUE FEE DUE

\$1740

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TOTAL FEE(S) DUE

\$2040

DATE DUE

12/30/2011

				(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/573,835	07/25/2006	Takanobu Matsuba	R2184.0489/P489	7116
TITLE OF INVENTION:	INFORMATION RECOR	DING AND REPRODUCING APPARATUS AND A	METHOD OF CONTROLL	ING AN

PUBLICATION FEE DUE

nonprovisional	140	31740	9300	**				
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
SIMPSON, LIXI	CHOW	2627	369-053220					
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SBI 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a	o 3 registered patent attorneys vely, le firm (having as a member a agent) and the names of up to mrevs or agents. If no name is	Dickstein Shapiro			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recondation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Ricoh Com	pany, Lt	d.	Tokyo,	Japan				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government								

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4s The following fee(s) are submitted: X Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted)

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).

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Advance Order - # of Copies _

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Date 11-16-11 Authorized Signature Registration No. 33,082 Typed or printed name __Mark_J. Thronson

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